primary.³ The biological and psychological dependence induced by sustained nicotine use and the no less fundamental economic dependence of capitalism on expanding potential markets cannot be considered separately.⁴ The social function of smoking and the contribution of the status as a smoker to the construction of identities must also be considered.⁵ Of relevance to our article, the possible conscious adoption of smoking as a form of resistance cannot be easily dismissed.⁶ Thus smoking among adolescent women can simultaneously represent and construct resistance to gender stereotyping.⁷ In the Nazi period, the Hitler Youth surveillance teams, at least, understood this point. In a Hitler Youth report on the anti-authoritarian Hamburg Swing Youth, the contribution of smoking to general degeneracy was clear:

"The dance music was all English and American. Only swing dancing and jitterbugging took place. At the entrance to the hall stood a notice on which the words "Swing prohibited" had been altered to "Swing requested". . . . The dancers were an appalling sight. None of the couples danced normally, there was only swing of the worst sort. Sometimes two boys danced with one girl; sometimes several couples formed a circle, linking arms and jumping, slapping hands, even rubbing the back of their heads together, and then, bent double, with the top half of the body hanging loosely down, long hair flopping into the face, they dragged themselves round practically on their knees. When the band played a rumba, the dancers went into wild ecstasy. . . . The band played wilder and wilder items; none of the players were sitting down any longer, they all "jitterbugged" on the stage like wild creatures. Several boys could be observed dancing together, always with two cigarettes in the mouth, one in each corner."⁸

A "careful review of more informative individual-level studies" of smoking cessation which Brenner asks for, has, in fact, been carried out.⁹ It demonstrates rather small effects of individual education. Interventions in collective settings such as schools, even when well developed, can have very disappointing outcomes.¹⁰ Claims for dramatic effects – such as the 80% reduction in female smoking consequent on a prohibition of workplace smoking in the study by Brenner,¹¹ tend to be based on investigations which are methodologically very poor. Recently the results of a series of methodologically high quality evaluations of smoking cessation interventions have appeared, showing essentially no additional effect of well developed, community-based interventions over and above secular trends.^{12–15} Changes in smoking behaviour do occur, but they cannot be attributed with any degree of certainty to Brenner's favoured explanations. A deeper understanding of the social, cultural, and economic foundations – and consequences – of public policy in relation to smoking is needed. Indeed, an interest in consequences may be of particular importance, as the evidence grows that some apparently reasonable policies may increase the misery of those in the poorest sections of society.¹⁶ Rather than attempt to atomise society for analytical and interventionist purposes, a more considered approach to what people do is required. This must involve resisting the – sometimes understandable – desire to forget history.

GEORGE DAVEY SMITH
Department of Social Medicine,
University of Bristol
MATTHIAS EGGER
Institute of Social and Preventive Medicine,
University of Berne,
Switzerland

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BOOK REVIEWS

Urbanisation and Mental Health in Developing Countries. Trudy Harpham and Ilona Blue (eds). (Pp 266; £32.50). Aldershot: Avebury, 1995. ISBN 1-85628-971-0.

This book makes a useful contribution to the extraordinarily limited number of publications on mental health and illness in developing countries. The structure is sensible: it comprises a review of the relationship between urbanisation and mental health (including a historical perspective), two chapters on the process of migration and mental health; four on case studies of particularly vulnerable groups, two on research methods, and two on future responses. It is a truly international product. The inclusion of so much material from non-English speaking countries is particularly welcome; much is from Latin America, and contributors come from 11 countries in all.

Inevitably, given the wide range of contributors, some chapters seem crisper and better argued than others. Among the most interesting is a detailed account of how inhabitants of a Brazilian shanty town think about and deal with mental illness. Nearly all sufferers make their way to a doctor, but many also see a religious healer somewhere along the way. None of these healers appear to be from the major Brazilian religion, Roman Catholicism. Class differences are mentioned in passing: beliefs that the mad possess a rich interior life is not one shared by the poor. Exploring the boundaries of mental illness is a tantalising topic that these researchers, like many others, avoid.

New problems are undoubtedly just over the horizon. Mental health services' responses to AIDS are still at a very rudimentary stage. The management of depressed or demented old people is something that will increasingly exercise politicians and service planners as well as relatives in the next decades.

Migration out of agricultural villages into cities has been described as one of the greatest changes in human behaviour in history. It is certainly happening on a large scale. Some of the statistics are hair raising. Urban populations in developing countries are increasing at the rate of a million a week. Mexico City is due to pass the 30 million mark any day now. More than half the world's population will be urban by the end of the century. AIDS will have orphaned up to 10 million children.

We know that mental illness is more prevalent in poor urban populations than in rich ones and most of it is unrecognised by primary health care workers. At present our response, both intellectual and practical, seems quite inadequate to the presenting problems.

BERNARD INEICHEN
Department of Public Health,
Chelsea and Westminster Medical School,
London.

A Strategy for Cancer Control in Scotland. C S Muir and P McKinney, Glasgow: Scottish Forum for Public Health Medicine, 1995. ISBN 0-9518742-2-5

This booklet written by the late Dr Calum Muir and Dr Patricia McKinney for the Scottish Forum for Public Health Medicine is a concise but wide ranging review of topics such as the current burden of cancer in Scotland, primary and secondary prevention strategies, and cancer survival. The authors propose a 13 point strategy for cancer control, the most important of which is the creation of a broad-based national standing committee on cancer control to determine priorities and assess progress and costs continuously. Other recommendations include efforts to reduce exposure to known risk factors such as tobacco and excess alcohol consumption while increasing consumption of dietary factors known to be protective against many forms of cancer, that is fresh fruit and vegetables. Recommendations for screening are that national coverage should be ensured for cervical cancer screening while an evaluation should be carried out on the efficacy of breast cancer screening in Scotland. Finally, the authors recognise that evaluation of a cancer control programme can only be carried out where high quality statistical and epidemiological services exist and therefore the